

Approved For Release 2003/04/29 : CIA-RDP84-00780R003500070007-2  
DD/S 70-4760

3 December 1970

MEMORANDUM FOR: Chief, Plans Staff/OP

ATTENTION : Mr.

25X1

SUBJECT : Designees of Officials Authorized to Administer  
Tour of Duty Abroad and Home Leave Regulations

REFERENCE : Memo dtd 24 Nov 70 to DSSA-DD/S, C/CSPS, C/ Admin  
Support Staff/DDS&T, & DC/Admin Staff/O-DDI fm  
C/Plans Staff/OP, same subject

1. In accordance with our conversation today, I am forwarding herewith a copy of DD/S Administrative Instruction 70-7 which delegates DD/S authority contained in  and as specified on Form 3154.

2. I believe this provides the information reference is seeking. If, however, there are other delegations needed, please give me a call.

25X1

Executive Officer to the  
Deputy Director for Support

**Attachment**

EO-DD/S:WEB:es (4 Dec 70)

**Distribution:**

Orig & 1 - Adse w/att

1 - DD/S subject w/att

1 - DD/S chrono

DELEGATION OF AUTHORITY--SERVICE ABROAD AGREEMENT

Rescission: DD/S Admin Instruction 70-6, dtd 25 Sept 70 (please destroy)

Reference ;

1. Heads of Support Career Services are hereby authorized to approve for the Deputy Director for Support for their respective careerists:

a. The designation of a permanent place of residence (item 5, Form 3154).

b. The designation of a home leave point (item 9, Form 3154).

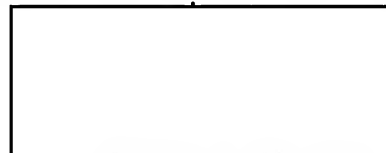
2. Heads of Support Career Services are hereby authorized to concur for the Deputy Director for Support for their respective careerists:

a. The designation of another permanent place of residence (item 6, Form 3154).

b. The designation of another home leave point (item 10, Form 3154).

3. The authorities specified in paragraph 1 above may be redelegated to appropriate subordinate management echelons. Authorities specified in paragraph 2 may be redelegated only to a single senior subordinate.

4. The Special Support Assistant to the Deputy Director for Support is hereby authorized to concur for the Deputy Director for Support for all Support careerists in the establishment of nonstandard tours of duty (item 11c, Form 3154).



JOHN W. COFFEY  
Assistant Deputy Director  
for Support

Distribution:

Orig - DD/S Subject

1 - DD/S Chrono

1 - Ea DD/S Office Head

1 - DD/S

1 - ADD/S

1 - SSA-DD/S

1 - EO-DD/S, SA-DD/S, C/SOS, C/PS, CMO-DD/S

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UNCLASSIFIED CONFIDENTIAL SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

**OFFICIAL ROUTING SLIP**

TO	NAME AND ADDRESS	DATE	INITIALS
1	Deputy Special Support Asst. to the DD/S, [ ]		
2			
3			
4			
5			
6			

<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

Remarks:

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.

DATE

Chief, Plans Staff, OP [ ]

11/27/70

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24 November 1970

MEMORANDUM FOR: ✓ Deputy Special Support Assistant to the Deputy Director  
for Support

Chief, Clandestine Service Personnel Staff

Chief, Administrative Support Staff, DDS&T

Deputy Chief, Administrative Staff, O/DDI

SUBJECT : Designees of Officials Authorized to Administer Tour of  
Duty Abroad and Home Leave Regulations

1. As you are aware, new regulatory policies and procedures pertaining to the administration of home leave and tours of duty abroad were issued some months ago. To date, instructions that detail how the Deputy Directors will handle specific approvals within their respective areas have not been issued in writing.

2. In the regulations, approvals of the several transactions involved are conferred by express reference upon Operating Officials, Career Service Heads, Deputy Directors and the Director of Personnel. The present administrative confusion within the Agency arises from the lack of knowledge among personnel officers and others concerning who will be the designees of these officials in acting upon overseas tours and home leave cases. (It is anticipated that the levels of designations will vary somewhat among the Directorates.)

3. To describe the situation within your Directorate, you are requested to list in the appropriate columns of the attachment the designee or designees who will be responsible for requesting or approving the various transactions shown in the attachment. We will compile the results from all the Directorates in an OPM, so that everyone affected will know the appropriate contact points in handling cases that cross Directorate or Career Service lines.

4. Where the symbol NA appears in one of the columns of the attachment, it denotes no mention is made in the regulations of the official concerned. An official so identified in point of fact may well be involved in a particular transaction, either by necessity or preference, within your Directorate. Accordingly, it is requested the NA symbol be ignored and the appropriate designee or designees be entered in the applicable space wherever this situation occurs.

5. In previous verbal discussions, it was agreed that F 3154, Service Abroad Agreement (and the deliberations involved) should be processed through personnel rather than finance channels, e.g., the Form should normally

GROUP 1  
Excluded from automatic  
downgrading and  
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accompany the Personnel Action Request, not the Travel Order. Will you reconfirm your preference for the arrangement with the understanding that the Office of Personnel would initiate an internal check on the existence of an approved Form 3154 before releasing an employee for departure overseas (as it now does in the case of a Personnel Action reassigning an employee PCS to a post abroad). If you agree, we will forward a request to RCB/SSS to delete the current reference to the Travel Order in  as the document to which the F 3154 will normally be attached.

25X1

6. The need for implementing Directorate instructions has been brought to our attention numerous times by personnel concerned with the processing of employees abroad. You are therefore requested to complete the attachment within a few weeks and return it to my office. Please call if you have any questions (Ext )

25X1

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Chief, Plans Staff

Atts

1. Designees--Tours & Home Leave
2. F 3154
3. F 61

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S-E-C-R-E-T

OFFICIALS DESIGNATED TO ADMINISTER REGULATIONS CONCERNING POST AND HOME LEAVE

Items	Citations	Designees of Following Officials Named in Regulations			
		Operating Official	Career Service	Deputy Director	Director of Personnel
1. Use of Form 3154, Service Abroad Agreement.					
a. Specification of Employee's Post Assignment.			NA	NA	NA
b. Approval of Tour of Duty Abroad.			NA	NA	
(1) Approval of 24 months tour of duty.					NA
(2) Approval of non-standard tour of duty <u>already</u> approved (by memo) for application to a post or designated group of employees at post.					NA
(3) Approval of non-standard tour of duty for a particular employee at a specified post.					D/Pers
c. Permanent Place of Residence.					
(1) Approval of physical dwelling place as PPR.		NA	NA		NA
(2) Approval of other place requested as PPR.		NA	NA		DD/Pers/SP (Via C/BSD)
d. Home Leave Point.					
(1) Approval of employee's PPR Hqs., or residence of children, parents, parents-in-law, brothers, sisters, brothers-in-law or sisters-in-law.		NA	NA		NA
(2) Approval of some other point per [redacted] and F3154, para 10.		NA			DD/Pers/SP (Via C/BSD)

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Items	Citations	Designees of Following Officials Named in Regulations			
		Operating Official	Career Service	Deputy Director	Director of Personnel
2. Use of Form 61, Residence and Dependency Report (F 7-70 only), for Change in Permanent Place of Residence. (To be completed by employee desiring change in PPR while assigned to Hqs.)					
a. Approval of Physical Dwelling Place as PPR.		NA	NA		NA
b. Approval of Other Place Requested as PPR.		NA	NA		DD/Pers/SP (Via C/BSD)
3. Authorization of Non-standard Tour for General Application to a Post or Group of Employees at the Post (by memorandum).					D/Pers
4. Authorization of an Employee's Return Prior to End of Tour of Duty Abroad.					D/Pers
5. Authorization of an Exception to General Rule That an Employee Transferring During Tour of Duty Abroad Is Required to Remain Abroad Until His Total Service Equals Tour of Duty at New Post.			NA		D/Pers
6. Determination When Breach in F3154, Service Abroad Agreement, Requires Refund of Travel Expenses to PCS Point Abroad or Precludes Payment of Return Travel.			NA	NA	D/Pers
7. Approval of Home Leave.					

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Items	Citations	Designees of Following Officials Named in Regulations			
		Operating Official	Career Service	Deputy Director	Director of Personnel
a. When Employee's Return Outside U.S. Immediately After Home Leave or Completion of U.S. Assignment Is Contemplated.		NA		NA	NA
b. Review of Career Service Recommendation Against Home Leave Because Future Return Is Not Contemplated for Medical, Security or Career Service Considerations.		NA		NA	D/Pers (also D/OMS and D/OS as applicable)
8. Approval of Exception to 15-day Limitation on Home Leave When an Employee Is Returned to PCS in U.S.			NA		D/Pers
9. Approval of Exception to Requirement That an Employee Must Refund Home Leave Granted to Him if He Elects to Separate Within 6 Months (and has not returned abroad).			NA	NA	

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## SERVICE ABROAD AGREEMENT

## I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS..

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF [ ] YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE

SD

## II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS [ ]

C. NONSTANDARD TOUR OF DUTY OF [ ] MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See [ ]) 25X1

REQUESTED (Memo attached)

OPERATING OFFICIAL

B. NONSTANDARD TOUR OF DUTY OF [ ] MONTHS PREVIOUSLY APPROVED PER [ ]

CONCUR

CAREER SERVICE

DEPUTY DIRECTOR

OPERATING OFFICIAL

APPROVED

DIRECTOR OF PERSONNEL

## III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO [ ] ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER. 25X1

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE, YOU WILL (as prescribed in [ ]) NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY DWELLED IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PCS TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 6 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH THAT YOUR PHYSICAL DWELLING PLACE IS (or was) TRANSITORY AND THAT SUCH OTHER PLACE IS YOUR DOMICILE OR HAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DWELLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID. 25X1

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GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

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<p>5. PHYSICAL DWELLING PLACE (If item 6 is approved in lieu thereof, unless address in item 6 is approved in lieu thereof)</p> <p style="text-align: center;">Approved For Release 2003/04/29 : CIA-RDP84-00780R003500070007-2</p> <p>FULL ADDRESS</p>		<p>6. PERMANENT PLACE OF RESIDENCE (If item 5 is approved in lieu thereof, unless address in item 5 is approved in lieu thereof)</p> <p>FULL ADDRESS</p>	
		<b>CONCUR</b>	
		DEPUTY DIRECTOR	DATE
<b>APPROVED</b>		<b>APPROVED</b>	
DEPUTY DIRECTOR	DATE	DIRECTOR OF PERSONNEL	DATE
<b>IV. HOME LEAVE POINT</b>			
<p>7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.</p> <p>8. <u>YOU MAY REQUEST</u> FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.</p>			
<p>9. DESIGNATION PER ITEM 7 ABOVE</p> <p>FULL ADDRESS</p>		<p>10. DESIGNATION PER ITEM 8 ABOVE.</p> <p>FULL ADDRESS</p>	
		<b>CONCUR</b>	
		DEPUTY DIRECTOR	DATE
<b>APPROVED</b>		<b>APPROVED</b>	
DEPUTY DIRECTOR	DATE	DIRECTOR OF PERSONNEL	DATE
<b>EMPLOYEE CERTIFICATION</b>			
<p>I have read and understand my service obligations and travel entitlements as described in this agreement.</p>			
SIGNATURE OF EMPLOYEE			DATE

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## RESIDENCE AND DEPENDENCY REPORT

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AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH   PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

## GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle)			SOCIAL SECURITY NUMBER	
<b>1. MARITAL STATUS (Check one)</b>				
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
IF MARRIED, PLACE OF MARRIAGE			DATE OF MARRIAGE	
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE	

**2. MEMBERS OF FAMILY**

NAME OF SPOUSE		ADDRESS (No., Street, City, State, Zip Code)		TELEPHONE NO.	
NAMES OF CHILDREN		ADDRESS		SEX	DATE OF BIRTH
NAME OF FATHER (or male guardian)		ADDRESS		TELEPHONE NO.	
NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)		ADDRESS		TELEPHONE NO.	

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

**3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS   SPECIFY NAMES AND RELATIONSHIPS.**

NAME	DATE OF BIRTH	RELATIONSHIP
------	---------------	--------------

**4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME (Mr., Mrs., Miss) (Last-First-Middle)		RELATIONSHIP
HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)		YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)		YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)		YES <input type="checkbox"/> NO <input type="checkbox"/>

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

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5. Approved For Release 2003/04/28 : CIA-RDP84-00780R003500070007-2

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☐ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☐ YES ☐ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☐ NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  
☐ YES ☐ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☐ NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY  
(No Approval Required)

RESIDENCE WHEN EMPLOYED (Full Address)

PERMANENT PLACE OF RESIDENCE AS DEFINED IN ☐ (Full Address)

25X1

8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See ☐  
(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)

25X1

FULL ADDRESS

DEPUTY DIRECTOR OR DESIGNEE

DATE

DIRECTOR OF PERSONNEL (when applicable per ☐)

DATE

25X1

SIGNED AT

DATE

SIGNATURE

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